

**Template
Academic Program
Assessment of Student Learning Plan**
University of New Mexico College of Pharmacy

| | | |
|--|-------------------------------|---|
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* Academic Program of Study is defined as an approved course of study leading to a certificate or degree reflected on a UNM transcript. A graduate-level program of study typically includes a capstone experience (e.g. thesis, dissertation, professional paper or project, comprehensive exam, etc.).

I. ASSESSMENT PLAN DEVELOPMENT PROCESS

In the Fall of 2006 the University of New Mexico College of Pharmacy implemented a new Doctor of Pharmacy curriculum to address the changing needs of pharmaceutical education, in terms of content, required introductory and advanced “experientials”, as well as, instructional delivery. In July 2007, the Accreditation Council for Pharmacy Education (ACPE) released new accreditation standards, which prompted the UNM COP to carefully review its Doctor of Pharmacy competencies and revise them as well. The UNM COP faculty approved the new competencies in February 2008. The adoption of the new COP competencies was the first step in a comprehensive effort to ensure that the UNM Doctor of Pharmacy curriculum was well-aligned with the expectations of ACPE and other best-practices identified by the leading pharmacy education association, the American Association of Colleges of Pharmacy (AACP).

The approval of the new Doctor of Pharmacy competencies set into motion a comprehensive review of the new curriculum which began by implementing three major efforts simultaneously: 1) mapping the Doctor of Pharmacy Courses to the competencies; 2) implementing a course evaluation program; and 3) developing an Assessment Plan.

A. Mapping the Doctor of Pharmacy Courses to the Competencies

The Assistant Dean for Professional Curriculum implemented a curricular mapping process to determine which courses addressed the new Doctor of Pharmacy competencies and at what level - introduced, developed or applied. This involved meeting with each Instructor of Record (IOR), reviewing each of the 30 new competencies with the IOR, and having the IOR match the competencies to the course. This process not only helped familiarize the IORs with the new competencies, it immediately identified major gaps in the curriculum (e.g. law and public health).

B. The Course Evaluation Program

The COP leadership recognized that in order to assess the curriculum course delivery needed evaluated in a comprehensive manner. This includes instructor self-evaluations, peer and student evaluations (including ICES and other forms of student evaluation), syllabus review, review of course objectives (and when possible review of lecture objectives), placement of course in the curricular sequence, exam grading procedures, and identifying concern with grading, exams and other major summative assessments.

The Assistant Dean for Professional Curriculum developed a course evaluation process using teams of at least 2 students and 1-3 faculty members per course. Every required, non-elective course was evaluated by a team in the Fall 2007, Spring 2008, and Fall 2008. All courses occurring in the Spring 2009 will also be evaluated. This provides two-years worth of data for each course, documenting strengths and weaknesses across the new curriculum (e.g. topic gaps, topic repetition, and placement of the course within the curriculum) and within individual courses (e.g. instruction and major assessments). At the end of each semester, the teams met for two half-day sessions, discussed the findings, and developed recommendations as needed. These recommendations were shared with the IORs for changes within individual courses and shared with the Dean and Associate Dean for Professional and Graduate Education for curricular

modifications (e.g. add or delete courses or change the sequence of courses). Round 2 of the course evaluations captured changes that were made as a result of the initial review from the previous year.

Course evaluations will continue to be an important programmatic evaluation tool and is incorporated this three-year Assessment Plan. The initial intensive two-year course evaluation process confirmed major (and minor) curricular issues already noted in the mapping process, as well as identified new or unknown issues with the curriculum, topics or instruction.

After the Spring 2009, the frequency of course evaluations will change to allow for more strategic and focused investigation into other elements of the program, including helping develop new courses, modify existing courses, evaluating assessments more carefully, and using a multi-faceted approach to measuring whether students are attaining the Doctor of Pharmacy competencies.

Developing the Assessment Plan

The third major effort for this comprehensive review of the new curriculum was developing a Doctor of Pharmacy Assessment Plan (presented in this document). This involved using the curriculum map, course evaluation data, feedback from the Curriculum Committee and the Organizational Planning and evaluation Committee (which serves as the CARC for UNM Provost Assessment activities), and course syllabi to generate a list of all the assessments being used in the Doctor of Pharmacy Program. The Assistant Dean for Assessment then identified summative assessments that potentially addressed the Doctor of Pharmacy competencies at the applied level. The Assistant Dean for Assessment met with each of the IORs to determine the appropriateness of using a specific assessment as a “key assessment” for a given competency (the list of key assessments are in Table 2). As the Assessment Plan is implemented, the value of a specific key assessment as a true measure of competency attainment will also be evaluated.

In addition to identifying the key assessments for the Doctor of Pharmacy Assessment Plan, the COP leadership recognized that a competency-based student e-portfolio would be a critical element to the Assessment Plan. The Assistant Dean for Assessment worked closely with the COP Information Technology Committee and the Organizational Planning and Evaluation Committee (OPEC/ CARC) to develop and implement a competency-based student electronic portfolio. The student e-portfolio process began in the Summer 2007 and resulted in selecting an electronic portfolio product and assembling a new Student Portfolio Committee. The Student Portfolio Committee helped develop portfolio goals, expectations, products, rubrics, and procedures (including reviewing portfolios), and provides continuing input and guidance as students develop their portfolios. The student electronic portfolios is one important component of tracking student competency attainment and is included within this Assessment Plan.

II. BROAD PROGRAM LEARNING GOALS & COMPETENCIES (STUDENT LEARNING OUTCOMES)

The UNM COP has adopted 6 broad program learning goals and 30 specific competencies related to those goals that meet the program's philosophy to develop knowledge, skills, attitudes and values that allow students to enter pharmacy practice in any setting.

A. Broad Program Learning Goals: Doctor of Pharmacy

Philosophy: Develop knowledge, skills, attitudes and values that allow students to enter pharmacy practice in any setting.

Broad Learning Goals: The University of New Mexico will provide a Doctor of Pharmacy curriculum and experience that produces students who can:

1. develop and implement accurate and comprehensive patient-centered pharmaceutical care plans.
2. consider, incorporate, and address broader public health issues for disease prevention and management for the benefit of New Mexico and the larger society.
3. effectively communicate, both verbally and in writing, to a variety of audiences about pharmaceutical care, the pharmacy profession, and public health.
4. utilize informatics and systems management skills to efficiently and accurately deliver pharmaceutical care.
5. carry out professional duties in accordance with legal, ethical, social, and economic guidelines.
6. maintain professional competence by developing professional habits of mind and inquiry, including independent, lifelong learning.

B. Competencies (Student Learning Outcomes): Doctor of Pharmacy

Develop Plans for Patient Care

1. Integrate and utilize knowledge of biochemistry, physiology, pathophysiology, and anatomy in order to design a pharmaceutical care plan. Acquire, comprehend, synthesize, apply, and evaluate information about the chemical structure and pharmacology of therapeutic agents in order to design, implement, monitor, evaluate, and adjust pharmaceutical care plans that are patient specific and evidence based.
2. Taking into consideration differences in patients' biochemistry, anatomy, physiology, and pathophysiologic states and, based on the differences in chemical and pharmacological properties between drugs, recommend changes in pharmacotherapeutic regimens that will minimize drug interactions, reduce adverse drug events, increase adherence, and improve therapeutic outcomes.
3. Formulate a patient-centered pharmaceutical care plan (new or revised) in collaboration with healthcare professionals and patients or their caregivers.
4. Design or modify dosage regimens using patient-specific or population pharmacokinetic data, plasma concentration-time profiles of drugs, and factors that alter them.

5. Explain how pharmacogenomics can be utilized to individualize dosage regimens and to anticipate adverse drug events.
6. Identify and explain the physical, chemical, and formulation properties of a drug that influence its ADME, stability, and dosage form design.
7. Identify and explain dosage form features that influence therapeutic outcomes.
8. Make appropriate selection decisions for multisource drug products.
9. Compound and dispense safe and effective extemporaneous pharmaceutical products prescribed or recommended as part of a patient's care plan.
10. Prepare and dispense safe and effective sterile dosage forms and enteral nutrition products prescribed or recommended as part of a patient's care plan.
11. Apply social/behavioral principles and theories in the design, delivery, and evaluation of pharmaceutical care.
12. Apply relevant legal, ethical, social, economic, and professional principles to assure efficient, cost-effective utilization of human, physical, medical, informational, and technological resources in the provision of patient care.
13. State the trade and generic names, mechanisms of action, warnings, adverse effects, contraindications, drug interactions, dosage forms, and dosing regimens of the top 200 drug products and representatives from other major therapeutic drug classes. **New Mexico Specific**
14. Conduct complete patient physical assessment and review of systems to qualify students to pursue Pharmacist Clinician certification. **New Mexico Specific**
15. Qualify for any prescriptive authority certification currently granted by the New Mexico Board of Pharmacy. **New Mexico Specific**

Develop Programs for Public Health

16. Develop population-specific, evidence-based, and effective disease prevention and management programs.
17. Develop and implement population-specific and evidence-based disease management programs and protocols based upon analysis of epidemiologic and pharmaco-economic data, medication use criteria, medication use review, and risk reduction strategies.
18. Apply patient- and population-specific data, quality assurance strategies, and research processes to: assure that medication use systems minimize drug misadventuring, optimize patient outcomes, develop drug use and public health policy, design pharmacy benefits, and resolve public health problems.

Communication

19. Use appropriate scientific terminology to convey anatomical, pathophysiologic, physiologic, chemical, pharmacological, and therapeutic concepts.
20. Communicate and collaborate with patients, caregivers, prescribers, population members, other healthcare providers, and administrative and support personnel to engender a team approach to patient care and to assure efficient, cost-effective utilization of human, physical, medical, informational, and technological resource in the provision of pharmaceutical care as well as to identify and resolve medication use problems.
21. Develop strategic efforts to communicate and collaborate with policy makers, members of the community, and other healthcare providers and administrative

and supportive personnel to identify, promote, and resolve public health problems as well as to develop public healthcare policy.

Informatics & Systems Management

22. Evaluate the biomedical literature with regard to the pharmacokinetics and pharmacodynamics of drugs.
23. Demonstrate appropriate utilization of management principles and use of healthcare resources in the American healthcare system.
24. Manage pharmacy operations and personnel.
25. Optimize physical and technological resources required to fulfill the practice mission.
26. Manage medication distribution, control, and use systems.
27. Retrieve, analyze, and interpret the professional and lay literature to provide drug information to patients, their families, as well as other healthcare providers and the public.

Legal, Ethical, Social, Economic and Professional

28. Carry out professional duties in accordance with legal, ethical, social, and economic guidelines.

Professional Competence

29. Maintain professional competence by identifying and analyzing emerging issues, products, and services that might:
 - a. affect the efficacy or quality of disease prevention services.
 - b. impact the management of human, physical, medical, informational, and technological resources in the provision of pharmaceutical care..
 - c. impact patient-specific and population-based therapeutic outcomes.
30. Maintain professional competence in providing pharmaceutical care by becoming an independent, lifelong learner.

Table 1. Relationship of the UNM Doctor of Pharmacy Competencies to the UNM Student Learning Goals

| Doctor of Pharmacy Program Competencies | University of New Mexico Student Learning Goals | | |
|---|---|--------|-----------------------------|
| | Knowledge | Skills | Attitude/ Responsibility |
| 1. Integrate and utilize knowledge of biochemistry, physiology, pathophysiology, and anatomy in order to design a pharmaceutical care plan. Acquire, comprehend, synthesize, apply, and evaluate information about the chemical structure and pharmacology of therapeutic agents in order to design, implement, monitor, evaluate, and adjust pharmaceutical care plans that are patient specific and evidence based. | X | X | |
| 2. Taking into consideration differences in patients' biochemistry, anatomy, physiology, and pathophysiologic states and, based on the differences in chemical and pharmacological properties between drugs, recommend changes in pharmacotherapeutic regimens that will minimize drug interactions, reduce adverse drug events, increase adherence, and improve therapeutic outcomes. | X | X | |
| 3. Formulate a patient-centered pharmaceutical care plan (new or revised) in collaboration with healthcare professionals and patients or their caregivers. | | X | |
| 4. Design or modify dosage regimens using patient-specific or population pharmacokinetic data, plasma concentration-time profiles of drugs, and factors that alter them. | X | X | |
| 5. Explain how pharmacogenomics can be utilized to individualize dosage regimens and to anticipate adverse drug events. | X | | |
| 6. Identify and explain the physical, chemical, and formulation properties of a drug that influence its ADME, stability, and dosage form design | X | | |
| 7. Identify and explain dosage form features that influence therapeutic outcomes. | X | | |
| 8. Make appropriate selection decisions for multisource drug products. | X | X | |
| 9. Compound and dispense safe and effective extemporaneous pharmaceutical products prescribed or recommended as part of a patient's care plan. | X | X | X |
| 10. Prepare and dispense safe and effective sterile dosage forms and enteral nutrition products prescribed or recommended as part of a patient's care plan. | X | X | |
| 11. Apply social/behavioral principles and theories in the design, delivery, and evaluation of pharmaceutical care. | | X | X |
| 12. Apply relevant legal, ethical, social, economic, and professional principles to assure efficient, cost-effective utilization of human, physical, medical, informational, and technological resources in the provision of patient care. | | X | X |
| 13. State the trade and generic names, mechanisms of action, warnings, adverse effects, contraindications, drug interactions, dosage forms, and dosing regimens of the top 200 drug products and representatives from other major therapeutic drug classes. <i>New Mexico Specific</i> | X | | |
| 14. Conduct complete patient physical assessment and review of systems to qualify students to pursue Pharmacist Clinician certification. <i>New Mexico Specific</i> | X | X | |
| 15. Qualify for any prescriptive authority certification currently granted by the New Mexico Board of Pharmacy. <i>New Mexico Specific</i> | X | X | |
| 16. Develop population-specific, evidence-based, and effective disease prevention and management programs. | X | X | |
| 17. Develop and implement population-specific and evidence-based disease management programs and protocols based upon analysis of epidemiologic and pharmaco-economic data, medication use criteria, medication use review, and risk reduction strategies. | X | X | |
| 18. Apply patient- and population-specific data, quality assurance strategies, and research processes to: assure that medication use systems minimize drug misadventuring, optimize patient outcomes, develop drug use and public health policy, design pharmacy benefits, and resolve public health problems. | X | X | |
| 19. Use appropriate scientific terminology to convey anatomical, pathophysiologic, physiologic, chemical, pharmacological, and therapeutic concepts. | X | X | |

| Doctor of Pharmacy Program Competencies | University of New Mexico Student Learning Goals | | |
|---|---|--------|-----------------------------|
| | Knowledge | Skills | Attitude/ Responsibility |
| 20. Communicate and collaborate with patients, caregivers, prescribers, population members, other healthcare providers, and administrative and support personnel to engender a team approach to patient care and to assure efficient, cost-effective utilization of human, physical, medical, informational, and technological resource in the provision of pharmaceutical care as well as to identify and resolve medication use problems. | X | X | X |
| 21. Develop strategic efforts to communicate and collaborate with policy makers, members of the community, and other healthcare providers and administrative and supportive personnel to identify, promote, and resolve public health problems as well as to develop public healthcare policy. | | X | X |
| 22. Evaluate the biomedical literature with regard to the pharmacokinetics and pharmacodynamics of drugs | X | X | |
| 23. Demonstrate appropriate utilization of management principles and use of healthcare resources in the American healthcare system. | | X | |
| 24. Manage pharmacy operations and personnel. | | X | |
| 25. Optimize physical and technological resources required to fulfill the practice mission. | | X | |
| 26. Manage medication distribution, control, and use systems. | | X | |
| 27. Retrieve, analyze, and interpret the professional and lay literature to provide drug information to patients, their families, as well as other healthcare providers and the public. | X | X | |
| 28. Carry out professional duties in accordance with legal, ethical, social, and economic guidelines. | | | X |
| 29. Maintain professional competence by identifying and analyzing emerging issues, products, and services that might: a. affect the efficacy or quality of disease prevention services. b. impact the management of human, physical, medical, informational, and technological resources in the provision of pharmaceutical care. c. impact patient-specific and population-based therapeutic outcomes. | | X | X |
| 30. Maintain professional competence in providing pharmaceutical care by becoming an independent, lifelong learner. | | X | X |

III. ASSESSMENT OF STUDENT LEARNING: THREE-YEAR PLAN

There are two major elements of Section III of the Assessment Plan:

A. Key Assessments

B. Evaluations

- Course Evaluation
- Outcomes/Programmatic Evaluation
- Key Assessment Evaluation

A. Key Assessments

Key assessments have been identified in the UNM Doctor of Pharmacy degree that demonstrate the highest “applied” level of competency attainment by students (Table 2). A minimum of one and up to five assessments have been identified for each of the 30 competencies. Multiple assessments are identified if a competency has a spectrum or diversity elements that need to be measured and/or are measured across multiple assessments in a given course.

Table 2. Key Assessments to Demonstrate Competency Attainment

| Competency | Assessment | Direct (D)/ Indirect (I) | Criteria for Success (<i>program's performance target</i>) | Year and Semester Assessment Occurs | Possible Portfolio Artifact (Y or N) |
|------------|--|-----------------------------|---|--|---|
| 1, 2, 3 | 765L – Pharmaceutical Care Lab - Clinical Cases (Individual) | D | 95% of the class will receive a minimum passing score of 75% on the first attempt | P3-Spring | Y |
| | 770 - Advanced Pharmacy Practice Experience - Evaluations by Preceptors | D | 95% of the students will receive evaluation scores of 70% or greater. | P4-Fall and Spring | N |
| 4 | 762L – Pharmaceutical Care Lab – Objective Structured Clinical Examination (OSCE) | D | 95% of the class will receive a minimum passing score of 75% | P3-Fall | Y |
| | 770 - Advanced Pharmacy Practice Experience - Evaluations by Preceptors | D | 95% of the students will receive evaluation scores of 70% or greater. | P4-Fall and Spring | Y |
| | 726 – Kinetics - Exams | D | 95% of the class | P2- Fall | |

| Competency | Assessment | Direct (D)/ Indirect (I) | Criteria for Success (<i>program's performance target</i>) | Year and Semester Assessment Occurs | Possible Portfolio Artifact (Y or N) |
|------------|--|-----------------------------|--|--|---|
| | (need to select specific exams) | | will receive a minimum passing score of 75% | | N |
| 5 | 739, 751, 752 - Pharmacotherapy 1, II, III _ Exams (#s) | D | 95% of the class will receive a minimum passing score of 75% | P2 – Spring P3- Fall & Spring | N |
| | 764 – Emerging Technologies in Pharmaceutical Care - Final Exam | D | 95% of the class will receive a minimum passing score of 75% | P3- Spring | N |
| 6, 7 | 701 & 702 - Pharmaceutics I, II - Exams #1- #4 | D | 95% of the class will receive a minimum passing score of 75% | P1- Fall & Spring | N |
| | 726 – Pharmacokinetics and Biopharmaceutics – Exam #1 | D | 95% of the class will receive a minimum passing score of 75% | P2-Fall | N |
| | 739, 751, 752 – Pharmacotherapy 1, II, III _ Exams #s | D | 95% of the class will receive a minimum passing score of 75% | P3 – Fall & Spring | N |
| 8 | 718L – Pharmaceutical Care Lab III - Final SOAP Note of OTC Selection | D | 95% of the class will receive a minimum passing score of 75% | P2 - Fall | Y |
| | 719 - Self-care Therapeutics - Formulary of non-prescription drugs | D | 95% of the class will receive a minimum passing score of 75% | P2 - Fall | Y |
| | 760 – Pharmacy Healthcare Management and Economics – Assignment? | D | | P3- Spring | |
| | 770 - Advanced Pharmacy Practice Experience - Evaluations by | D | 95% of the students will receive evaluation scores of 70% | P4 – Fall & Spring | Y |

| Competency | Assessment | Direct (D)/ Indirect (I) | Criteria for Success (<i>program's performance target</i>) | Year and Semester Assessment Occurs | Possible Portfolio Artifact (Y or N) |
|------------|--|-----------------------------|--|--|---|
| | Preceptors | | or greater. | | |
| 9 | 704L – Pharmaceutical Care Lab - Compounding Lab | D | 95% of the class will receive a minimum passing score of 80% | P1 - Spring | Y |
| | 756 Safe Medication Practices – Exams 1 & 2 | D | 95% of the class will receive a minimum passing score of 75% | P3 - Fall | N |
| | 770 - Advanced Pharmacy Practice Experience - Evaluations by Preceptors | D | 95% of the students will receive evaluation scores of 70% or greater. | P4-Fall and Spring | N |
| 10 | 703L, 704L, 718L, 733L, 762L, 765L – Pharmaceutical Care Labs I-VI - Sterile preparation work towards certification | D | 95% of the students will achieve at least an 80% at the following tasks as defined by the New Mexico Society of Health System Pharmacists through the Board of Pharmacy: Aseptic handwashing; ampule prep; vial prep (powder or liquid); TPN prep; horizontal laminar airflow hood techniques & cleaning; vertical laminar airflow hood techniques & cleaning; preparation of hazardous drugs in ampules; prep of hazardous drugs in vials; prep of labels for sterile IV solutions; prep of sterile ophthalmic solutions | P1-P3 – Fall & Spring | Y |
| 11 | 718L –Pharmaceutical Care Lab III – Cultural Competence Assessment | | 95% of the class will receive a minimum passing score of 80% | P2 - Fall | Y |
| | 770 - Advanced Pharmacy Practice Experience - Evaluations by Preceptors | D | 95% of the students will receive evaluation scores of 70% or greater. | P4- Fall & Spring | |

| Competency | Assessment | Direct (D)/ Indirect (I) | Criteria for Success (<i>program's performance target</i>) | Year and Semester Assessment Occurs | Possible Portfolio Artifact (Y or N) |
|------------|---|-----------------------------|--|---|---|
| 12 | 759 – Advanced Law and Ethics - Legal: Exam 1 & Final -Ethics – Exams 2 & 3 | D | 95% of the class will receive a minimum passing score of 75% | P3 - Fall | |
| | 760 – Pharmacy Healthcare Management and Economics – Assignment? | D | | P3- Spring | |
| | MJPE Pharmacy Certification Exam | D | 95% of the students pass the state exam on the first attempt | Post-graduation | N |
| 13 | 133L – Pharmaceutical Care Lab - Top 200 exam | D | 95% of the class will receive a minimum passing score of 75% on the first attempt | P2 - Spring | N |
| 14 | Pharmaceutical Care Labs (All) - Fulfill didactic 60 hours of Pharmacist Clinician Certification – Qualification Tracking Card | I | 100% of the students will complete the Pharmacist Clinician Certification – Qualification Tracking Card | P1, P2, P3 – Spring & Fall | Y (Qualification Tracking Card) |
| | 762L – Pharmaceutical Care Lab – Objective Structured Clinical Examination (OSCE) | D | 95% of the class will receive a minimum passing score of 75% on the first attempt | P3-Fall | Y |
| 15 | Pharmaceutical Care Labs (All) - Prescriptive Authority Certification; Smoking Cessation Certification; Emergency Contraception Certification; Immunization Certification. | D & I | 100% of the students will complete the Prescriptive Authority Certification | Student Certification (P1-P3) Continuing Education Credit - P4 | Y (certifications) |

| Competency | Assessment | Direct (D)/ Indirect (I) | Criteria for Success (<i>program's performance target</i>) | Year and Semester Assessment Occurs | Possible Portfolio Artifact (Y or N) |
|------------|---|-----------------------------|--|--|---|
| | Continuing Education Credit | D | 100% of the students will obtain a CE credit | P4 – Spring | Y (note CE credit in portfolio) |
| 16, 17 | 766 – Public Health (NOTE: This is a new course, additional assessments that are appropriate for the assessment plan may be developed) - Experiences in Public Health Community Service | D | 100% will complete the hours and evaluation of the experience | P3- Spring | Y |
| 18 | 759 – Advanced Law & Ethics- Adverse Drug Reaction form. | D | | P4 – Fall & Spring | Y |
| | 756 Safe Medication Practices – Exam 1 & 2 | D | 95% of the class will receive a minimum passing score of 75% | P3 - Fall | N |
| 19 | 765L – Pharmaceutical Care Lab - Clinical Cases (Individual) | D | 95% of the class will receive a minimum passing score of 75% | P3-Spring | Y |
| | 762L – Pharmaceutical Care Lab – Objective Structured Clinical Examination (OSCE) | D | 95% of the class will receive a minimum passing score of 75% | P3-Fall | Y |
| 20 | Various Courses – 5 oral and poster presentations placed in portfolio and tracked with a Qualification Tracking Card. | D | 100% of students must have completed Qualification Tracking Card containing presentation scores of 75% or greater. | P1-P4 – Spring & Fall | Y |
| | 770- Advanced Pharmacy Practice Experience - Evaluations by Preceptors | D | 95% of the students will receive evaluation scores of 70% or greater. | P4- Fall & Spring | |
| 21 | 770 - Advanced Pharmacy Practice Experience - Evaluations by | | 95% of the students will receive evaluation scores of 70% | | |

| Competency | Assessment | Direct (D)/ Indirect (I) | Criteria for Success (<i>program's performance target</i>) | Year and Semester Assessment Occurs | Possible Portfolio Artifact (Y or N) |
|------------|---|-----------------------------|--|--|---|
| | Preceptors | | or greater. | | |
| | 760 – Pharmacy Healthcare Management and Economics – Assignment? | D | | P3 - Spring | |
| | 766 – Public Health (NOTE: This is a new course, additional assessments that are appropriate for the assessment plan may be developed) - Experiences in Public Health Community Service | D | 100% will complete the hours and evaluation of the experience | P3- Spring | Y |
| 22 | Check 701 & 702 - Pharmaceutics I, II - | D | | | Y |
| | 762L – Pharmaceutical Care Lab – Drug Information Requests | D | | P3-Fall | Y |
| 23 | 707 - Pharmacy & Health Care Delivery – Group presentations | | | P1 - Fall | |
| | 760 – Pharmacy Healthcare Management and Economics – Assignment? | D | | P3- Spring | |
| | 770 - Advanced Pharmacy Practice Experience - Evaluations by Preceptors | | 95% of the students will receive evaluation scores of 70% or greater. | P4 – Fall & Spring | |
| 24, 25, 26 | 770 - Advanced Pharmacy Practice Experience - Evaluations by Preceptors | I | 95% of the students will receive evaluation scores of 70% or greater. | P4 – Fall & Spring | |
| | 756 Safe Medication Practices (for competency 26, distribution) – Exams 1 & 2 | D | 95% of the class will receive a minimum passing score of 75% | P3 - Fall | N |

| Competency | Assessment | Direct (D)/ Indirect (I) | Criteria for Success (<i>program's performance target</i>) | Year and Semester Assessment Occurs | Possible Portfolio Artifact (Y or N) |
|------------|--|-----------------------------|--|--|---|
| 27 | Pharm 704L - Pharmaceutical Care Lab II - Poster Presentations (Search Strategies Component) | D | 95% of the class will receive a minimum passing score of 75% | P2 - Spring | Y |
| | 728 – Pharmacy Informatics and Research – Group Literature Evaluation Project | D | 95% of the class will receive a minimum passing score of 75% | P2-Fall | Y |
| | 765L – Pharmaceutical Care Lab - Clinical Cases (Individual) | D | 95% of the class will receive a minimum passing score of 75% | P3-Spring | Y |
| 28 | 770 - Advanced Pharmacy Practice Experience - Evaluations by Preceptors | D | 95% of the students will receive evaluation scores of 70% or greater. | P4- Fall & Spring | |
| | No violations that resulted in a guilty verdict by the student honor court or significant administrative sanctions (e.g. grade reduction due to behaviors) | I | 95% of the student body has no violations | P1-P4 – Fall & Spring | |
| 29 | Self-completion - Participate in a Continuing Medical Education Course prior to Graduation | I | 100% of the student body will complete a CE | Open | |
| | 760 – Pharmacy Healthcare Management and Economics – Assignment? | D | | P3- Spring | |
| | 764 – Emerging Technologies in Pharmaceutical Care | D | 95% of the class will receive a minimum passing score of | P3- Spring | N |

| Competency | Assessment | Direct (D)/ Indirect (I) | Criteria for Success (<i>program's performance target</i>) | Year and Semester Assessment Occurs | Possible Portfolio Artifact (Y or N) |
|------------|--|-----------------------------|---|--|---|
| | - Final Exam | | 75% | | |
| 30 | Self-completion - Participate in a Continuing Medical Education Course prior to Graduation | I | 100% of the student body will complete a CE | P1-P4 – Fall & Spring | Y |
| | Reflective essays in portfolios | I | 100% of the student body will have reflective essays in their portfolios | P1-P4 – Fall & Spring | Y |
| | Student Self-Select an Example from a list (e.g. membership/participation in a pharmacist association, attendance/ presentation at a professional conference, etc.) | I | 100% of the student body will have an example in their portfolios | P1-P4 – Fall & Spring | Y |
| General | MPJE | D | 90% first time pass rate. | P4 – Post- graduation | N |

B. Evaluations

Several iterative and inter-related processes are used to evaluate whether the curriculum and/or instruction is achieving the goal for students to attain the Doctor of Pharmacy competencies at the applied level. These processes include course evaluations, outcomes evaluation, and assessment evaluation (including reviewing and refining the assessment plan itself).

| Course Evaluation: Comprehensively review all courses taught in the Doctor of Pharmacy Curriculum. This includes instructor self-evaluations, peer and student evaluations including ICES, syllabus review, review of course objectives and, when appropriate, lecture objectives, placement of course in the curricular sequence, exam grading procedures, identify exam and other assessment concerns. | | |
|---|--|--|
| Responsible Parties | Process | Communicating Recommendations |
| <p><u>Primary person(s) responsible:</u> Steve Peterson, Assistant Dean for Professional Curriculum</p> <p><u>Committee:</u> COP Curriculum Committee</p> | <p><u>Step 1:</u> All courses in the Doctor of Pharmacy curriculum will be reviewed twice in the initial comprehensive curricular and instruction review Time frame: (Fall 2007, Spring 2008, Fall 2008) Spring 2009</p> <p><u>Step 2:</u> Upon completion of the entire curricular review (Step 1), the Curriculum Committee will determine an appropriate review schedule that meets the following minimum criteria:</p> <ul style="list-style-type: none"> a) all courses will be reviewed once every three years; b) courses will receive additional reviews when: <ul style="list-style-type: none"> - there is a new IOR; - there are significant changes to the course in terms of content, approach, or lecturers - the course has been identified as having significant concerns during previous reviews. <p>Time frame: Fall 2010-Spring 2012</p> | <p><u>Communicating Recommendations:</u> The COP Curriculum Committee will assist with the course evaluation process and make recommendations about courses based upon the evaluations. The committee recommendations will be captured in the final course evaluation. The Assistant Dean for Professional Curriculum will share the course evaluation with the Instructor of Record (IOR), who is responsible for completing a “AAA Form” (Assessment, Analysis, and Action Form). If significant issues with instruction or the course need to be addressed then the Assistant Dean for Professional Curriculum will share the course evaluation with the appropriate Department Chair, the Associate Dean for Professional and Graduate Education, and the COP Dean to determine an appropriate course of action. Changes to the curriculum are brought to the faculty for a vote.</p> <p><u>Tracking Major Concerns & Recommendations:</u> The Assistant Dean for Professional Curriculum will create and maintain a document summarizing the major concerns and recommendations identified through the course evaluation process, as well as, the actions taken to improve the course. This document will be shared with the OPEC and Curriculum Committee at the end of each semester and with the faculty on an annual basis.</p> |

Outcomes/Programmatic Evaluation: Collect data on whether the students are attaining the COP Competencies at the applied level by determining whether the student body is meeting the defined “Criteria for Success” for each assessment identified in Table 2, as well as, by evaluating competencies tracking via the student electronic portfolios.

| Responsible Parties | Process | | Communicating Recommendations |
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| <p><u>Primary person(s) responsible:</u> Stefani Hines, Assistant Dean for Assessment; Student Portfolio Faculty Mentors</p> <p><u>Committee:</u> COP Curriculum Committee & Organizational Planning and Evaluation Committee/College Assessment Review Committee² (OPEC/CARC)</p> | <p><u>“Criteria for Success” Data</u></p> <p><u>Step 1:</u> Student performance summary data for each of the key assessments will be collected and assembled in a spreadsheet. Time frame: Spring and Fall 2009</p> <p><u>Step 2:</u> If the program’s performance falls below the target “Criteria for Success” (as defined in Table 2), several evaluations will need to occur addressing the following questions:</p> <ul style="list-style-type: none"> - Is the performance target/”criteria for Success” reasonable and appropriate for the assessment? - If so, are there issues or concerns with the assessment itself? (Refer to the “Key Assessment Evaluation Process on the next page)” - If the “Criteria for Success” and the “Key Assessment” are appropriate, is there a broader curricular or instructional issue? <p>Time Frame: Fall 2009 - Spring 2012. Student outcomes that fall significantly below the performance target will receive higher priority based upon the following criteria:</p> <ul style="list-style-type: none"> - Highest priority- All or most of the assessments for a given competency do not meet the performance target, indicating a significant lack for an entire competency. - Next highest priority – individual assessments with the worst outcomes, if the rest of the assessment outcomes fall within the program’s performance target. | <p><u>Student Electronic Portfolios</u></p> <p><u>Step 1:</u> Implement competency-based student electronic portfolios with the class of 2012. Time frame: (Fall 2008) Spring 2009</p> <p><u>Step 2:</u> Monitor the mentoring/ portfolio reviews, student artifact submission and competency tracking to gauge the type and quality of submission and whether the process is meeting the goals of tracking competency attainment. Make modifications to the processes as needed. Time frame: Spring 2009 – Fall 2012</p> <p><u>Step 3:</u> Develop and utilize multiple, detailed skills/ competency tracking rubrics in the LiveText course management system. Time frame: Spring 2009 – Fall 2012</p> | <p><u>Communicating Recommendations:</u> Data and recommendations associated with the outcomes/programmatic evaluation activities will be shared with the Organizational Planning and Evaluation Committee/College assessment Review Committee² (OPEC/CARC), the Curriculum Committee, and the faculty as a whole. Student Portfolio-related items will also be reported to the Student Portfolio Committee.</p> <p>Data will be shared and discussed with the committees within 2-months of completion of data reduction/summarization. Recommendations made by the committees will be shared with the appropriate College Leadership within 1-month of the recommendations being made, as well as shared with the faculty at faculty meetings. Leadership decisions and actions made as a result of the recommendations will be documented in reports and via tracking forms (e.g. the AAA form) and shared with the committees at committee meetings and the faculty at faculty meetings.</p> |

² The College Assessment Review Committee (CARC) is the committee name used by the UNM Provost’s Office. This committee is the same as the COP OPEC.

| Key Assessment Evaluation: Each key assessment identified in Table 2 will be evaluated with respect to the competency(ies) and level addressed by the assessment, the quality of the assessment, and the appropriateness of the assessment being a “key assessment” for the Assessment Plan. | | |
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| Responsible Parties | Process | Communicating Recommendations |
| <p><u>Primary person(s) responsible:</u> Stefani Hines, Assistant Dean for Assessment & Steve Peterson, Assistant Dean for Professional Curriculum</p> <p><u>Committee:</u> COP Curriculum Committee</p> | <p><u>Step 1:</u> A. Continue to review the appropriateness of the assessments selected as “key assessments” by obtaining additional input from the OPEC/CARC and Curriculum Committee.</p> <p>B. Identify any key assessments listed in Table 2 that are assessments “of concern” noted in the Course Evaluation Process. Individual assessments will be evaluated regarding:</p> <ul style="list-style-type: none"> - whether the assessment matches the course objectives and the corresponding competencies; - the level at which the assessment is occurring (introduced, developed, applied) and the Bloom’s taxonomy level. - the approach of the assessment (is it appropriate for the level?) - the approach used to develop the assessment - grading the assessment <p>C. Address potential assessment gaps in Table 2 by: 1) re-examining existing assessments to determine if an existing assessment has been overlooked and is appropriate to include as a key assessment; and 2) working with IORs to modify or add assessments to their courses to address any assessment gaps.</p> <p>Time frame: Spring 2009</p> <p><u>Step 2:</u> All key assessments in Table 2 will be evaluated individually (using the criteria listed in Step 1 of the Assessment Evaluation), as well as, evaluated in the context of the other assessments for a given competency. Contextual evaluation will address the following questions:</p> <ul style="list-style-type: none"> - Do the assessments, in combination, adequately assess attainment of competencies at the applied level? - If not, what is missing? - How can the missing elements be addressed? (e.g. adding existing assessments to the Assessment Plan, expanding a given assessment, or creating new assessments within an appropriate course) <p>Time frame: Fall 2010 – Spring 2012. We will begin with the assessments listed for Competencies 1, 2 and 3 and progress in-order to competency 30 until all key assessments have been evaluated at least once every three years.</p> | <p>Recommendations for changes to individual assessments within a course will be communicated to the IOR by the Assistant Dean for Professional Curriculum. If there are changes that can be made that can positively impact a course during the semester in which it is implemented, that course of action will be preferred. Otherwise, changes will need to be implemented for the next offering of that course.</p> <p>These recommendations and changes will be reported to the Curriculum Committee as they occur.</p> <p>The Assistant Dean for Assessment will make modifications to the Assessment Plan as needed to keep it updated and to reflect additions, deletions or modifications to the assessments in Table 2. Changes to the plan will be reported to the OPEC/CARC. The OPEC/CARC will review the plan, as required, on an annual basis.</p> |

Modified by the UNM College of Pharmacy from the Original Source: Kansas State University Office of Assessment as provided by the University of New Mexico Outcomes Assessment Office